TIME AND VEHICLE USAGE DATA (Enter Number of Hours (rounded up) Under the Appropriate Use Category)					
TIMES	(Enter Numb	cadet	ounded up) Ur MISSION	ider the Appro	opriate Use Category)
USED	ADMIN	ACTIVITIES	SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
TOTAL					
* ANNOTATE TOTAL NUMBED TIMES USED IN THE UPPED LEET SECTION OF REOCK					

 $[\]ast\,$ ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK

	CAP VEHICLE INSPECTION GUIDE AND JUSTIFICATION			
MONTH / YEAR		END OF MONTH ODOMETER READING		
WING / REGION		CHARTER		
VEHICLE IDENTIFICATION NO. (VIN)		YEAR OF VEHICLE		
VEH	VEHICLE MAKE		MODEL	FIELD ID NO.
	ITEMS TO BE CHECKED DAILY (operator's signature required on inside page to verify inspection)			
1.	REGISTRATION / PROOF OF INSURANCE			
2.	FIRE EXTINGUISHER / FIRST AID KIT			
3.	DAMAGE (exterior and interior, missing parts)			
4.	TIRES (visually check for damage / abnormalities)			
5.	ENGINE OIL AND COOLANT (visually check fluid levels)			
6.	BATTERY CONDITION			
7.	LEAKS (visually check fuel / oil / coolant)			
8.	DRIVE BELTS / HOSES (visually check for fraying or cracking)			
9.	LIGHTS (visually check for proper operation)			
10.	BACK UP ALARM / EMERGENCY FLASHERS (functionally check proper operation)			
11.	SAFETY DEVICES (seatbelts / harness, headrests, etc.)			
12.	INSTRUMENTS / HORN (functionally check proper operation)			
13.	WINDSHIELD WIPERS / WASHER (functionally check for proper operation / condition)			
14.	BRAKES / STEERING (functionally check responsive / effective / smooth)			
15.	MIRRORS (rearview / side)			
16.	EXHAUST SYSTEM			
17.	WINDOWS (functionally check proper operation)			
18.	RADIO MOUNTS (CAP added equipment)			
19.	CURRENT STATE INSPECTION STICKER (if applicable)			
20.	TIRE PRESSURE (checked monthly – requires signature and date below)			
	Signature: Date Performed:			

CAP FORM 73, OCT 00 PREVIOUS EDITIONS WILL NOT BE USED OPR/ROUTING: LGT Corrected Copy (All CAPFs 73, Oct 00, may be used)

^{*} ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK

VEHICLE OPERATOR DISCREPANCY REPORT		
ITEM NO.	DISCREPANCY	DATE FOUND

OPERATOR'S SIGNATURE (SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)			
DAY	SIGNATURE	DAY	SIGNATURE
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

ADDITIONAL COMMENTS			